## **Authorization for Payroll Deduction for ESD Tuition (2023-24)**

Lewisville ISD Extended School Day

## MONTHLY PAYROLL DEDUCTION

Employee Name	EP#	
Employee's Campus		
Employee's Position	Phone	
Child(ren)'s Name(s)		
ESD Campus	Monthly Pay Period (Select One): 1st	15th <sup>2</sup>
Total Monthly Tuition to be Charge	ed (\$117 per child): \$	
<ul> <li>You must complete all require Monthly tuition option. Payrol</li> <li>This option is not available for</li> <li>Your first tuition payment will be deducted September 2023</li> <li>If you incur any service fees (late of the test of th</li></ul>	ate pick up fees, etc.) you must submit payment for these fees to th	SD Employee option. tes. ayments will te ESD office. the Payroll to stop the
paycheck each month, on the 1 <sup>st</sup> or 20	ove. I hereby authorize LISD to deduct the above indicated amount from the according to my pay date. The deductions will be made in the amount the remaining payments September 2023 through April 2024(9 t	ount
Signature	Date	

With your electronic signature you agree that ESD payments will be deducted from your paycheck